PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 06/15/2004 Application or Docket Number TENT APPLICATION FEE DETERMINATION RECORD 10/647,162 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE § 0 **\$** 0 OR (37 CFR 1.16(a)) TOTAL CLAIMS 0 minus 20 = x \$ 9 _{x \$} 18 0 (37 CFR 1.16(c)) 0 OR INDEPENDENT CLAIMS 0 minus 3 = 43 OR 86 0 0 (37 CFR 1.16(b)) 0 MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0 280 _ 0 140 = OR 0 0 **TOTAL** OR **TOTAL** If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** 20 c\$ 18 900 :\$9 70 Minus 50 0 (37 CFR 1.16(c)) OR *** 3 Independent 86 Minus 43 0 172 5 2 = (37 CFR 1.16(b)) OR 140 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 280 = OR TOTAL TOTAL OR 1072 0 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS HIGHEST** ADDI-ADDI-REMAINING NUMBER **PRESENT RATE** TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR x \$ 18 Total (37 CFR 1.16(c)) _{\$}9 0 Minus = 0 OR *** Independent 43 86 0 0 Minus = OR (37 CFR 1.16(b)) 140 0 280 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 0 0 OR ADDIT, FEE ADDIT. FEE (Column 1) (Column 3) (Column 2) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **RATE** TIONAL **RATE TIONAL AMENDMENT AFTER EXTRA PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) **\$** 9 0 c \$ 18 0 = Minus OR *** Independent 43 0 86 0 Minus (37 CFR 1.16(b)) OR 140 280 0 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0 OR TOTAL TOTAL 0 0 OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

SEND TO:

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. MS Fee Amendment

> Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450